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From: JENS C. JENKINS

Serial No. 09/916,866

Comments: Please see attached.

Docket No.: 13768.67.16.2

Customer No. 47973

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FAX NO. 8013281700 RECEIVED CENTRAL FAX CENTER 02

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Michael L. Davis, et al.

) Art Unit

) 2193

AUTOMATIC SOFTWARE INSTALLATION ON HETEROGENEOUS NETWORKED COMPUTER SYSTEMS

Customer No. 047973

CERTIFICATE OF FACSIMILE TRANSMISSION

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Sir:

I hereby certify that this paper is being transmitted via facsimile at facsimile number 801-328-1707 to the Patent and Trademark Office to phone no. 571-273-8300 (Formal Fax No.) on the date shown below.

- Transmittal Letter (1 page)
- Amendment "C" (18 pages)
- Request for Continued Examination (1 page)
- Credit Card Form PTO-2038 in the amount of \$790.00 for the RCE

Dated this 15 day of December, 2005.

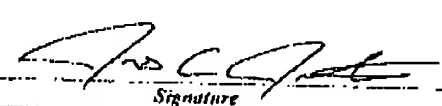
Respectfully submitted,

[Signature]

JENS C. JENKINS
Attorney for Applicant
Registration No. 44,803
Customer No. 047973

TPA600001984V001

DEC 15 2005

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): Michale L. Davis, et al.				13768.67.16.2	
Application No. 09/916,866	Filing Date July 27, 2001	Examiner Lawrence J. Shrader	Customer No. 047973	Group Art Unit 2193	Confirmation No. 1589
Invention: AUTOMATIC SOFTWARE INSTALLATION ON HETEROGENEOUS NETWORKED COMPUTER SYSTEMS					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	38 -	38 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	6 -	6 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 23-3178					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
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<div style="display: flex; justify-content: space-between;"><div> Signature</div><div>Dated: December 15, 2005</div></div>					
<div style="display: flex; justify-content: space-between;"><div>JENS C. JENKINS Attorney for Applicant Registration No. 44,803 Customer No. 47973</div><div style="border: 1px solid black; padding: 5px; width: 40%;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p style="text-align: center;">(Date)</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div></div>					
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